U.S. Department of Justice United States Marshals Service

PROCE RECEIPT AND RETURN

Chited 544	tes Mai silai	o oci vice								
PLAINTIFF UNITED STATES OF AMERICA								COURT CASE NUMBER CR-05-10176-RCL		
DEFENDANT BRANDON DELGADO							TYPE OF PROCESS Preliminary Order of Forfesture			
SERVE	NAME OF INDIVIDUAL. COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN PUBLICATION									
AT	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)									
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:							Number of process to be served with this Form - 285			
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210							Number of parties to be served in this case Check for service on U.S.A.			
SPECIAL INSTI	RUCTIONS OR Coers, and Estimated	THER INFORMA Times Available								
Please publish any other new and applicable	vspaper having	e attached Noti g a general circ	ce of Forfeiture culation in this	e at least once p District, in acc	per week for to ordance with t	hree succes the attached	sive weeks in t Preliminary C	the <u>Bo</u> Order	ston Herald or of Forfeiture	
CATS ID No	o. 05-ATF-001	1449						_	JLJ x.3297	
Signature of Attorney of other Originator requesting service on behalf of : DEFENDANT							TELEPHONE NUMBER (617) 748-3100 DATE November 20, 2006			
00	SPACE BEL	OW FOR US	E OF U.S. MA	RSHAL ONL	Y - DO NOT	WRITE B	ELOW THIS	LIN	E	
number of process	ncknowledge receipt for the total miber of process indicated. Ign only first USM 285 if more than the USM 285 is submitted) Total Process District No No						Deputy or Clerk	_	Date	
I hereby certify the individual, co	and return that I [empany, corporation	have personally on, etc. at the add	served, have le	gal evidence of se r on the individual	rvice, have ex , company, corpo	ecuted as show tration, etc., sh	on in "Remarks", sown at the address	the pro	ocess described on ted below	
I hereby certify	and return that I are	m unable to locate th	e individual, company	, corporation, etc., n	named above (See re-	marks below)				
Name and title of Individual served (15 not shown grove). Illage						A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (Complete only if different than mown above) Asset Foresture / Seized Property Branch Date of Seized Property Branch							/	Time	30 pm	
50 Massachusetts Ave., NW echwo rld, Suite 710						Signature of U.S. Marshal or Deputy				
Vashington, I	CT 20226 age Cl (including endea	harges Forward	ing Fee Total	Charges	Advance Deposits	Amount O	wed to US Marshal o	er A	amount or Refund	
REMARKS:	Su	Arch	Proof/	Affidua	t Publ	lished	Dec	15	7, 22, 29 200	

PUBLISHER'S CERTIFICATE